Approved for use through 7/31/7006, OMB 0651-0032 U.S. Palent and Tradement Office; U.S. DEPARTMENT OF COMMERCE or the Paparion Reduction Act of 1996, no persons are required to respond to a collection of information unless & displays a water CMAB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Effective December 8, 2004							Assign of Dodge Manage			
APPLICATION AS FILED - PART I (Column 1) (Column 2)					081280 SMALL	12	. OA	OTHER THAN OR SMALL ENTITY		
FOR	FOR NUMBER FILED		NUMBI	NUMBER EXTRA		FEE (I)		RATERI	FEE (1)	
BASIC FEE DI CFR 1 16(4) (4) IF (4)	tell NVA			N/A	RATE (S)	150.00		NIA .	300.00	
BEARCH FEE DI CFR I 16(U. H. or Im		NA		NIA .	N/A . ·	\$250.	:	· N/A	\$500	
EXAMINATION FEE PI GFR 1 1619. UI. OF 101			N/A		NA	\$100		N/A ·	\$200	
TOTAL CLARAS GLOFA (1988)	minus 20		10 =				OŘ.	X\$50 .	: .	
	DEPENDENT CLAIMS		3 • •		X100 .			X200 .		
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					100					
MULTIPLE DEPENDENT CLAIM PRESENT DT OFR I 16(II)					. +180=			+360-	<u> </u>	
off the difference in column 1 is less than zero, enter "O" in column 2.					TOTAL	<u>-</u>	1, 6	TOTAL .		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3): CLAIMS HIGHEST NUMBER PRESENT EXTRA					SMALL E	ADDI- TIONAL	OR	OTHER SMALL RATE (5)		
Total	AMENDMENT	Minus	PAID FOR	•	XS 25	FEE (\$)	,	X\$50.	FEE (1)	
S gar or A Labora	1/2	Minus	-07		Y100		OR .	Onev		
Total ST GP A LABOR DE ST GP A LABOR DE ST GP A LABOR DE ST GP A LABOR Application Stre F	Fao (37 CFR 1.1	6(6))		L	1 2.00		₽₽	7200 e		
PRIST PRESENTATION OF MACTIFLE DEPENDENT CLAIM (DT CFR 1.150)					+180=	•	O R	+360 =		
					TOTAL ADD'L FEE	• •	OR	TOTAL ADD'L FEE		
	(Column 1)		. (Column 7)	(Column 3)	· .					
<u>m</u> l.	Claims Remaining After. Umendment		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (S)	TOTAL FEE (5)		RATE (\$)	ADOI- TIONAL FEE-(S)	
Total Total Grown Lengs Independent Grown Evidan	12	Minus	" 20	1	X\$ 25 .		0 8 .	X\$50 •	•	
S tratepondent	7	Winus.	" 3		X100 .	•	OR	X200 .	•	
Application Size F			, V							
FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (ST CFR 1.16(2))					+180=		OR	₹360±		
					TOTAL ADDI FEE	·	OR	ADO'L FEE		

"If the entry in column 1 is test than the entry in column 2, write "o' in column 3.

"If the Highest Number Previously Paid For' IN THIS SPACE is test than 20, enter "20".

"If the Highest Number Previously Paid For' IN THIS SPACE is test than 3, enter "2".

The Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

Is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief, Intermation Officer, U.S. Patent I Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. OO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1460.